



STATE OF WASHINGTON  
DEPARTMENT OF FINANCIAL INSTITUTIONS  
DIVISION OF CONSUMER SERVICES

P.O. Box 41200 • Olympia, Washington 98504-1200  
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**MORTGAGE BROKER COMPANY AMENDMENT**  
**FORM MU1 UNIFORM MORTGAGE LENDER/MORTGAGE BROKER APPLICATION**  
**JURISDICTION-SPECIFIC REQUIREMENTS FOR WASHINGTON STATE**

Use the “Amendment” box on the *form MU1* to notify DFI of changes or updates to any information originally submitted when you applied for your existing WA Mortgage Broker license. Amendments reported on the *form MU1* may apply to the whole company (such as a legal name change) or be restricted to the main office (such as a physical address change). Along with the *form MU1*, send the following to the WA Department of Financial Institutions (DFI). Documents and forms referenced by *italics* below are available from our website at <http://www.dfi.wa.gov/cs/mortgage.htm> for your convenience.

1. FEE – Amendments: no fee required
2. **FINANCIAL RESPONSIBILITY** – Submit the *Calculation of Average Number of Loan Originators* form to determine the minimum surety amount pursuant to WAC 208-660-080.
  - a. Contact your bonding agent to obtain a rider to your existing surety bond changing the physical address, legal name, or trade name (“dba”) as appropriate. Send the original signed and sealed rider with attached power of attorney (if any) to DFI.
  - b. Contact DFI staff (see #8) for assistance updating your bond alternative (Assignment of Time Deposit or Irrevocable Letter of Credit).
3. **WA STATE PRE-REQUISITE LICENSE(S)** – Remember to notify other WA agencies of your change(s):
  - a. Contact the Washington State Department of Licensing (DOL) at (360)902-3600 or online at [www.dol.wa.gov](http://www.dol.wa.gov) to update the name or address on your Washington State Master Business License which will display your Unified Business Identifier (UBI) number. A copy of this document is **not** required with your application package. DFI will verify information directly with DOL.
  - b. If a corporation, partnership, or LLC, please contact the Washington Secretary of State (SOS) Division of Corporations at (360)753-7115 or online at [www.secstate.wa.gov](http://www.secstate.wa.gov) to register a change to your company’s legal name. A copy of this document is **not** required with your WA application (even though the Form MU1 instructions do say to attach it). DFI will verify information directly with SOS.
4. **TRUST ACCOUNTING** – Update your certificate (*not required for address changes*):
  - a. If your company NEVER (not even reimbursement at closing) accepts monies from borrowers or on behalf of borrowers for the payment of third party service providers, please submit an updated *Alternative Certificate of Compliance* form with the new company name.
  - b. If your company does maintain a Trust Account, complete an updated *Certificate of Compliance and Authorization to Examine Trust Accounts* form with the new company name and notarized bank representative signature.
5. **CONTROL PERSONS** – Use *Schedule C* to amend the Control Persons or Indirect Owners. File a *form MU2* for each new individual listed on *Schedule A* as a “control person.” DFI will conduct a background investigation on each of these people, and may require fingerprint cards during the course of the investigation. Be prepared to promptly respond to DFI’s request(s) as needed.
6. **SURRENDER ORIGINAL LICENSE** – Keep a copy, but send the old original license to DFI for replacement.
7. STILL NEED HELP? Contact DFI’s Division of Consumer Services licensing staff by phone at 360-902-8756 or send your questions via e-mail to [DCS@dfi.wa.gov](mailto:DCS@dfi.wa.gov) for additional assistance.
8. DELIVERY – Keep copies of everything, and send original *Form MU1* and all attachments to:

**Via US Postal Service**  
Dept of Financial Institutions  
Division of Consumer Services  
PO Box 41200  
Olympia WA 98504-1200

**Via other couriers (eg: FedEx, UPS, etc)**  
Dept of Financial Institutions  
Division of Consumer Services  
150 Israel Rd SW  
Tumwater WA 98501

# UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM

## FORM MU1 INSTRUCTIONS

### A. GENERAL INSTRUCTIONS

1. **FILING** – Form MU1 is the Uniform Mortgage Lender/Mortgage Broker business Application. Any *applicant* for a Mortgage Lender or a Mortgage Broker business license may apply to *jurisdictions* that have adopted the Uniform Application using Form MU1. An *applicant* must also refer to each *jurisdiction* in which it is applying for *jurisdiction*-specific requirements.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant* (corporate officer, partner, member, sole proprietor, etc).
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The effective date is the date *applicant* would like this license/registration or amendment to become effective. Consult applicable *jurisdiction* for effective date expectations.
5. **AMENDMENTS** – The *applicant* must update information as required in each applicable *jurisdiction* by submitting amendments using Form MU1. Only complete the information that is being amended as well as the name of the *applicant* and circle the item being amended. Consult each *jurisdiction* concerning the return of the prior original license/registration document when submitting the amended Form MU1.
6. **CONTACT EMPLOYEE** – The individual listed as the contact employee must be authorized to receive all compliance and licensing information, communications, and mailings, and be responsible for disseminating it within the applicant's organization.
7. **SURRENDER / CLOSE** – When an *applicant* decides to cease operations under the license/registration, use the Form MU1 to notify *jurisdiction(s)* by checking the "surrender" box and completing only items 1A, J, and K. Surrender the original license/registration document (if any was issued) to the *jurisdiction(s)*. Consult each *jurisdiction* concerning additional specific requirements at surrender/closure.

### B. FILING INSTRUCTIONS

1. **FORMAT**
  - A. A fully completed Form MU1 is required to be submitted to each *jurisdiction* when the *applicant* is filing for the first time. The *applicant* should contact the appropriate *jurisdiction(s)* for specific filing requirements, including applicable fees.
  - B. The Execution section must include notarized original manual signature, for the initial Form MU1 filing.
  - C. Type all information.
  - D. Use only the current version of Form MU1 and its Schedules or a reproduction of them.
2. **ATTACHMENTS** – Provide the following:
  - A. Schedules A, B, and C – File Schedules A and B only with initial applications. Use Schedule C to update Schedules A and B as needed.
  - B. File a Form MU2 for each **individual** designated on Schedule A or C as a "control person".
  - C. Enclose a Certificate of Good Standing from the Secretary of State or similar state authority for the state where the *applicant* obtained its legal status listed in Item 3C and for the *jurisdiction(s)* for which the *applicant* is applying.
  - D. If the applicant is a partnership of any form, enclose a copy of the partnership agreement.
  - E. Some *jurisdiction(s)* require separate filings for use of fictitious name/trade name/doing business as name(s). Consult the *jurisdiction(s)* to determine such requirements, and attach a copy of such filing if required by that *jurisdiction*.
  - F. The name, full delivery address, and telephone number of the registered agent for service of legal process. Consult the *jurisdiction(s)* to determine if the registered agent is required to be located within the *jurisdiction(s)* in which you are applying.
  - G. Depending on the *jurisdiction*, individual(s) originating or soliciting to originate mortgage loans at the business may need to file a Form MU4. Please consult your chosen *jurisdiction(s)* to verify the requirements there.
  - H. Depending on the *jurisdiction*, branch offices may need to complete a Form MU3. Please consult your chosen *jurisdiction(s)* to verify the requirements there.
3. **FINANCIAL RESPONSIBILITY** – Consult each *jurisdiction* in which the *applicant* is applying to determine requirements for financial responsibility. These may include the submission of financial statements, surety bond(s), minimum net worth, or other requirements.
4. **JURISDICTION-SPECIFIC REQUIREMENTS** – Consult each *jurisdiction* in which the *applicant* is applying for a list of requirements unique to the *jurisdiction(s)*, including applicable fees, records retention, etc.

**C. EXPLANATION OF TERMS** – The following terms are italicized throughout Form MU1

**1. GENERAL**

**APPLICANT** – The mortgage lender or mortgage broker applying or amending information on this form. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

**CONTROL** – The power, directly or indirectly, to direct the management or policies of a company, whether through ownership of securities, by contract, or otherwise. Any *person* that (i) is a director, general partner or officer exercising executive responsibility (or having similar status or functions); (ii) directly or indirectly has the right to vote 10% or more of a class of a voting security or has the power to sell or direct the sale of 10% or more of a class of voting securities; or (iii) in the case of a partnership, has the right to receive upon dissolution, or has contributed, 10% or more of the capital, is presumed to control that company.

**CONTROL PERSON** – An individual named in Item 1A or in Schedules A, B or C that directly or indirectly exercises *control* over the *applicant*.

**JURISDICTION** – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

**PERSON** – An individual, partnership, corporation, trust, or other organization.

**2. FOR THE PURPOSE OF ITEM 8**

**CHARGED** – Being accused of a crime in a formal complaint, information, or indictment (or equivalent formal charge).

**CONTROL AFFILIATE** – A *person* named in Item 1A or in Schedules A, B or C as a *control person* or any other individual or organization that directly or indirectly controls, is under common control with, or is controlled by, the *applicant*, including any current employee except one performing only clerical, administrative, support or similar functions, or who, regardless of title, performs no executive duties or has no senior policy making authority.

**ENJOINED** – Includes being subject to a mandatory injunction, prohibitory injunction, preliminary injunction, or a temporary restraining order.

**FELONY** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *felony* is an offense punishable by a sentence of at least one year imprisonment and/or a fine of at least \$1,000. The term also includes a general court martial.

**FINANCIAL SERVICES OR FINANCIAL SERVICES RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, closing agent, title company, or escrow agent).

**FOREIGN FINANCIAL REGULATORY AUTHORITY** – Includes (1) a *financial services* authority of a foreign country; (2) other governmental body empowered by a foreign government to administer or enforce its laws relating to the regulation of *financial services* or *financial services-related* activities; and (3) a foreign membership organization, a function of which is to regulate the participation of its members in *financial services* activities listed above.

**FOUND** – Includes adverse final actions, including consent decrees in which the respondent has neither admitted nor denied the findings, but does not include agreements, deficiency letters, examination reports, memoranda of understanding, letters of caution, admonishments, and similar informal resolutions of matters.

**INVOLVED** – Doing an act or omission or aiding, abetting, counseling, commanding, inducing, conspiring with or failing reasonably to supervise another in doing an act or omission.

**MISDEMEANOR** – For *jurisdictions* that do not differentiate between a *felony* and a *misdemeanor*, a *misdemeanor* is an offense punishable by a sentence of less than one year imprisonment and/or a fine of less than \$1,000. The term also includes a special court martial.

**ORDER** – A written directive issued pursuant to statutory authority and procedures, including orders of denial, suspension, or revocation; does not include special stipulations, undertakings or agreements relating to payments, limitations on activity or other restrictions unless they are included in an *order*.

**PROCEEDING** – Includes a formal administrative or civil action initiated by a governmental agency, self-regulatory organization or a *foreign financial regulatory authority*; a *felony* criminal indictment or information (or equivalent formal charge); or a *misdemeanor* criminal information (or equivalent formal charge). The term does not include other civil litigation, investigations, or arrests or similar charges affected in the absence of a formal criminal indictment or information (or equivalent formal charge).

## FORM MU1

## UNIFORM MORTGAGE LENDER/MORTGAGE BROKER FORM

MORTGAGE BROKER ☐MORTGAGE LENDER ☐MORTGAGE SERVICER ☐

Date of Filing: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**WARNING:** Failure to keep this form current and to file accurate supplementary information on a timely basis, or the failure to keep accurate books and records or otherwise to comply with the provisions of law pertaining to the conduct of business for which you are applying, may violate the laws of the *jurisdictions* and may result in disciplinary, administrative, injunctive or criminal action.

**INTENTIONAL MISSTATEMENTS OR OMISSIONS OF FACTS MAY CONSTITUTE CRIMINAL VIOLATIONS.**

NEW APPLICATION ☐ SURRENDER ☐ AMENDMENT ☐ **To amend, circle item(s) being amended.**

1. Exact name, principal business address, mailing address, if different, and telephone numbers of *applicant*:

A. Full name of *applicant*:

(if sole proprietor, provide last, first and middle name)

B. IRS Employer Identification Number  
(Social Security No is allowed for sole proprietorship)

C. (1) Name under which business primarily is or will be conducted, if different from Item 1A.

(2) List any other name(s) by which the *applicant* conducts or will conduct business and the *jurisdiction(s)* in which they are or will be used (Use additional sheets as necessary).

1. Name	Jurisdiction	2. Name	Jurisdiction
3. Name	Jurisdiction	4. Name	Jurisdiction

D. If this filing makes a name change on behalf of the *applicant*, enter the new name and specify whether the name change is of the  
☐ *applicant* name (1A) or ☐ business name (1C): \_\_\_\_\_

E. Main address: (Do not use a P.O. Box)

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

F. Mailing address, if different:

PO Box or Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

G. Telephone Numbers and Website address:  
Business phone

Fax line

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

website address #1

website address #2

H. Other than the office in 1E, does the *applicant* conduct business with consumers through branch offices or other business locations?  
☐ YES ☐ NO (In certain *jurisdictions*, branch offices or other business locations must be reported or approved. Use Form MU3.)

I. Contact Employee:

Name and Title \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

J. Employee authorized to respond to consumer complaints:

Name and Title \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

E-mail Address \_\_\_\_\_ Fax Number \_\_\_\_\_

K. Physical address of location where the official books and records of the *applicant* will be kept. Consult each *jurisdiction* for specific records retention requirements.

Organization Name (if different from *applicant*) or Records Custodian Name \_\_\_\_\_ Area Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Number and Street \_\_\_\_\_ City \_\_\_\_\_ State/Country \_\_\_\_\_ Zip+4/Postal Code \_\_\_\_\_

**EXECUTION:** The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said *applicant*. The undersigned and *applicant* represent that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and *applicant* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY)

Signature of authorized party

Title

Subscribed & Sworn before me \_\_\_\_\_ by \_\_\_\_\_

Print Notary Public name

Print authorized party name

Notary seal here

on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ State \_\_\_\_\_ County \_\_\_\_\_

Month

Year

State

County

Notary Public Signature

Notary Appointment Expires (MM/DD/YYYY)

**This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.**

(Amendments to answers for  
Form MU1 Item 4)

Effective Date: \_\_\_\_\_

- 3. List below all changes to Schedule A (DIRECT OWNERS AND EXECUTIVE OFFICERS):**

[illegible]

4. List below all changes to Schedule B (INDIRECT OWNERS):

[illegible]